



**DEPARTMENT OF CORRECTIONS**

**SITE: NCP**

**COMPLETED BY: Gary M. Chavoya, PsyD 05/28/2010 6:30 PM**

**NAME: RICHARDSON, JONATHAN**

**IDOC#: 127630**

**DOB: [REDACTED]**

**Date placed 05/28/2010**

**Time placed 14:35 pm**

**Suicide observation Initial visit**

**Subjective**

**Reason for placement** Pt stated that he could not get the sound of his 1 y/o daughter's crying out of his head so he started a fire in his cell with the intention of burning himself up. Pt did place his arm in the fire resulting in burns that required medical attention. Pt was extracted from his cell then placed in 4 point restraints for one hour.

**Objective**

**Initial risk factor review**

Current behavioral health symptoms

Verbalizing threats of self harm

**Additional clinical observation**

Pt was tearful and reported deep depression associated with memories of daughter's death. Pt appears to hold himself responsible. It is not yet clear whether he is responsible for her death. Pt is in prison for murder.

**Comments**

After examination, pt was released from restraints and placed in a saferoom with suicide watcher.

**Current mental health status**

Patient's appearance is disheveled.

Patient is oriented to person, place, situation.

Behavior is described as agitated.

Speech is soft.

Patient's affect is flat.

Patient's mood is depressed.

Memory is intact.

Patient's intellect is average.

Attitude is hopeless.

Attention is gained, distracted.

RICHARDSON, JONATHAN [REDACTED] 262/2

Reasoning poor.  
Impulse control is poor.  
Judgment is poor.  
Insight is poor.  
Thought content reveals obsessions. Obsessed with daughter's death..  
The patient expresses suicidal ideation in thoughts, intent, means  
The patient does not express homicidal ideation  
Patient is able to understand and agrees to refrain from harmful action.

**Assessment** Behavioral health suicide observation

**Plan**

Release pt from tie down room to regular saferoom with suicide watcher for the weekend.  
Allow clothing items Boxers. Suicide smock or suicide blanket.  
Allow meal items strip sack.  
Continue suicide observation by behavioral health staff  
Continue suicide observation by behavioral health staff and maintain current level  
Custody notified of suicide observation changes  
Refer to behavioral health clinician for follow-up

**Provider: Gary M. Chavoya**

**Document generated by: Gary M. Chavoya, PsyD 05/28/2010 6:33 PM**

NAME: RICHARDSON, JONATHAN

NUMBER: 127630

D.O.B.: [REDACTED]

DEPARTMENT OF CORRECTION

SITE: NCF

COMPLETED BY: Richard L. Thayer, PhD 05/05/2010 8:25 AM

---

PATIENT: JONATHAN RICHARDSON  
IDOC#: 127630  
DATE OF BIRTH: [REDACTED]  
DATE: 05/05/2010 8:25 AM  
HISTORIAN: self  
VISIT TYPE: Individual Therapy

---

Reason(s) for visit

1. anxiety. Late note for 5-04-10.

Chronic Problems

Axis Description

Axis I Drug dependence  
Axis II Antisocial personality disorder  
Axis II Borderline personality disorder  
Axis III Epilepsy  
Axis III Asthma

Allergies

Description	Reaction
Penicillins	Rash
Ibuprofen	Rash

Allergy Comments: PCN  
Ibuprofen  
Fish

Progress Note

Direct Service: Individual

Individual(s) Present: Richard Thayer, Psy.D.

Change in Mental Status: Change in mood/affect. Description of change: anxiety about rape experience..

Change in stressors and/or supports of progress: No change.

RICHARDSON, JONATHAN [REDACTED] 275/5

**Treatment is necessary to:** maintain or improve current level of functioning

**Therapeutic Interventions:** supportive,

**Comments:** Patient has been thinking about and discussing with other offender his alleged rape experience at previous facility. This allegedly took place in the group showers, unsupervised. He revealed he has otherwise never been raped. He indicated he has a long history of treatment for essentially conduct disorder as a child and behavioral problems such as suicide attempts, cutting on self "for the thrill" and chronic abuse of toxic inhalants. He boiled two of his fingers off once. He set fire to himself and his cell once. He may have killed his infant child 9 yrs ago. He struggles with topics of guilt about his daughter's death, though he denies killing her.

#### **Mental Status**

Patient's appearance is appropriate.

Patient is oriented to person, place, time.

Behavior is described as unremarkable.

Psychomotor behaviors are unremarkable.

Speech is appropriate.

Patient's affect is appropriate.

Patient's mood is anxious.

Memory is intact.

Sensorium is clear consciousness.

Patient's intellect is average.

Attitude is cooperative.

Attention is gained, maintained.

Reasoning fair.

Impulse control is fair.

Judgment is fair.

Insight is fair.

Thought processes are logical.

Thought content is unremarkable.

The patient does not express suicidal ideation

The patient does not express homicidal ideation

#### **Clinical Assessment**

##### **Axis I and Axis II:**

Axis I Polysubstance Dependence (304.80)

Axis II Borderline personality disorder (301.83)

Axis II Antisocial Personality Disorder (301.7)

##### **Axis III (module):**

Asthma.

##### **Axis III (reported by patient):**

Asthma, Heartburn, Seizure disorder, and finger loss d/t self-injury.

##### **Axis IV: Severe**

Problems related to: , housing, legal system/crime.

##### **Axis V:**

Current GAF: 64 on 05/04/2010.

RICHARDSON, JONATHAN [REDACTED] 276/5

**Medications new, active or stopped this visit:**

<b><u>Brand Name</u></b>	<b><u>Dose</u></b>	<b><u>Sig Codes</u></b>	<b><u>Start Date</u></b>	<b><u>Stop Date</u></b>
Albuterol	90mcg	2p PO Q 3-4hrs	03/12/2010	07/12/2010
Albuterol Sulfate	2.5mg/3ml	BID Pm	03/12/2010	07/12/2010
Qvar	80mcg	2P PO Q4H PRN	03/12/2010	07/12/2010
Qvar	80mcg	2P PO BID	03/12/2010	07/12/2010

**Orders/Plan**

**Specific Plan Instructions**

Continue treatment plan as prescribed. Please see description below.

Patient may be moved to BAU for ongoing treatment in DBT informed psychotherapies. Patient is agreeable to this. Pt. will be followed for psychiatry by Dr. Hinshaw, as needed. Pt. may be considered for Phase III.

**DEPARTMENT OF CORRECTION**

**SITE: NCF**

**COMPLETED BY: Richard L. Thayer, PhD 04/19/2010 5:08 PM**

---

**PATIENT: JONATHAN RICHARDSON**  
**IDOC#: 127630**  
**DATE OF BIRTH: [REDACTED]**  
**DATE: 04/19/2010 5:08 PM**  
**HISTORIAN: self**  
**VISIT TYPE: Individual Therapy**

---

**Reason(s) for visit**

**1. behavior disorder**

**Chronic Problems**

**Axis Description**

**Axis I Major Depression**  
**Axis I Posttraumatic stress disorder**  
**Axis II Antisocial personality disorder**  
**Axis III Epilepsy**  
**Axis III Asthma**

**Allergies**

<b><u>Description</u></b>	<b><u>Reaction</u></b>
<b>Penicillins</b>	<b>Rash</b>
<b>Ibuprofen</b>	<b>Rash</b>

**Allergy Comments: PCN**

**Ibuprofen**

**Fish**

**Progress Note**

**Direct Service: Individual**

**Individual(s) Present: Richard Thayer, Psy.D.**

**Change in Mental Status: No change.**

**Change in stressors and/or supports of progress: No change.**

**Treatment is necessary to: maintain or improve current level of functioning**

**RICHARDSON, JONATHAN [REDACTED] 290/4**

**Therapeutic Interventions:** supportive,

**Comments:** Met with patient to get acquainted and to establish rapport. Pt. come in last week for evaluation of psychotic symptoms. He has seizures and auditory hallucinations, by his report. He says he has been psychiatrically unstable since early childhood. He says his bioparents were psychotic, and his foster parents were abusive. He says he had special ed in school. He has a history of suicide attempts. He attempted suicide in 2002, with about 30 ellavil. He said he was comatose and seizures developed from then on. He reportedly set himself on fire in 2004, and burned a couple of his fingers off in the process. He says he has auditory hallucinations of his daughter, who died years ago. He believes he has repressed many of his abusive experiences, and later explodes.

**Mental Status**

Patient's appearance is disheveled.

Patient is oriented to person, place, time.

Behavior is described as unremarkable.

Psychomotor behaviors are unremarkable.

Speech is appropriate.

Patient's affect is appropriate.

Patient's mood is euthymic.

Memory is intact.

Sensorium is clear consciousness.

Patient's intellect is average.

Attitude is cooperative.

Attention is gained, maintained.

Reasoning fair.

Impulse control is fair.

Judgment is fair.

Insight is fair.

Patient's self-perception is realistic.

Thought processes are concrete.

Thought content is unremarkable.

The patient does not express suicidal ideation

The patient does not express homicidal ideation

Patient is able to understand and agrees to refrain from harmful action.

**Clinical Assessment**

**Axis I and Axis II:**

Axis I Post-traumatic Stress Disorder (309.81)

Axis I Polysubstance Dependence (304.80)

Axis II Borderline personality disorder (301.83)

Axis II Antisocial Personality Disorder (301.7)

**Axis III (module):**

Asthma.

**Axis III (reported by patient):**

Asthma, Heartburn, Seizure disorder, and finger loss d/t self-injury.

**Axis IV:** Severe

RICHARDSON, JONATHAN [REDACTED] 291/4

STATE004212

Problems related to: , housing, legal system/crime.

Comments: Mother died 2 weeks before 6/4/08; He was told 6/4/08.

**Axis V:**

Current GAF: 64 on 04/05/2010.

**Medications new, active or stopped this visit:**

<u>Brand Name</u>	<u>Dose</u>	<u>Sig Codes</u>	<u>Start Date</u>	<u>Stop Date</u>
Tegretol	200mg	1TAB PO BID	04/17/2010	07/17/2010
Albuterol	90mcg	2p PO Q 3-4hrs	03/12/2010	07/12/2010
Albuterol Sulfate	2.5mg/3ml	BID Pm	03/12/2010	07/12/2010
Qvar	80mcg	2P PO Q4H PRN	03/12/2010	07/12/2010
Qvar	80mcg	2P PO BID	03/12/2010	07/12/2010

**Orders/Plan**

**Specific Plan Instructions**

Continue treatment plan as prescribed. Please see description below.

Continue on 200 range, and consider Phase II. Pt. may participate in group programming. Continue psychiatry per Dr. Hinshaw. Pt. may have glasses and will learn stress management skills, per D3T informed programming.



DEPARTMENT OF CORRECTION

SITE: NCP

COMPLETED BY: Larry J. Werbil, MHP 04/08/2010 3:01 PM

---

PATIENT: JONATHAN RICHARDSON  
IDOC#: 127630  
DATE OF BIRTH: [REDACTED]  
DATE: 04/08/2010 3:01 PM  
HISTORIAN: self  
VISIT TYPE: Intake

---

Reason(s) for visit

1. **Intake** Pt Richardson is a 28 yo divorced male sent from WVCF. experiencing fainting out/seizures from being stressed out with anxiety being in a 2 man cell. Pt was charged and found guilty of killing his 11 month old daughter. Pt denies the charge. Pt was taken away from bio parents at age of 3 due to incest in the home. Adopted out to a physically abusive family. Pt says he has very little memory of ages 3 to 13 yo. Pt's medical records indicate that he had significant anger towards others. Move to Phase 1.
2. **anxiety** Pt reports self a stressed out with high anxiety. Reflecting on the pt's story it makes sense. Pt reported several suicide attempts, the first at age 8 with meleril. Pt also reports a past history of cutting on self. Pt wants to learn how to cope with high stress in positive ways. Process unresolved grief, and develop a relapse prevention plan to use starting now.
3. **substance abuse** Pt's drugs of choice are marijuana, alcohol, & meth. Pt's last use happened 3 months ago with MJ and 1 cup of hotch. @ WVCF. This sporadic use indicates addictive thinking ie I'll stay numb with drugs. Other family history includes a sister in prison for prostitution and drugs, and bio-mother being a cocaine and MJ addict by pt's view.

Chronic Problems

Axis Description

Axis I Major Depression  
Axis I Posttraumatic stress disorder  
Axis II Antisocial personality disorder  
Axis III Epilepsy  
Axis III Asthma

Psychiatric History

Medical/Surgical History

RICHARDSON, JONATHAN [REDACTED] 299/4

**Allergies**

<u>Description</u>	<u>Reaction</u>
Penicillins	Rash
Ibuprofen	Rash

Allergy Comments: PCN

Ibuprofen

Fish

**Family History**

**Mental Status**

Patient's appearance is disheveled.

Patient is oriented to person, place, time, situation.

Behavior is described as rigid.

Psychomotor behaviors show tremors.

Speech is delayed, monotone.

Patient's affect is flat.

Patient's mood is depressed.

Long term memory is impaired.

Sensorium is clear consciousness.

Patient's intellect is average.

Attitude is cooperative.

Attention is gained, maintained.

Reasoning poor.

Impulse control is poor.

Judgment is poor.

Insight is poor.

Patient's self-perception is abasing.

Thought processes show perseveration.

Thought content reveals phobias, obsessions.

The patient does not express suicidal ideation

The patient does not express homicidal ideation

Patient is able to understand and agrees to refrain from harmful action.

**Clinical Assessment**

**Axis I and Axis II:**

Axis I Post-traumatic Stress Disorder (309.81)

Axis I Polysubstance Dependence (304.80)

Axis II Borderline personality disorder (301.83)

Axis II Antisocial Personality Disorder (301.7)

**Axis III (module):**

RICHARDSON, JONATHAN [REDACTED] 300/4

STATE004221

Asthma.

**Axis III (reported by patient):**

Asthma, Heartburn, Seizure disorder, and finger loss d/t self-injury.

**Axis IV: Severe**

Problems related to: , housing, legal system/crime.

Comments: Mother died 2 weeks before 6/4/08; He was told 6/4/08.

**Axis V:**

Current GAF: 64 on 04/05/2010.

**Medications new, active or stopped this visit:**

Brand Name	Dose	Sig Codes	Start Date	Stop Date
Albuterol Sulfate	2.5mg/3ml	BID Pm	03/12/2010	07/12/2010
Albuterol	90mcg	2p PO Q 3-4hrs	03/12/2010	07/12/2010
Qvar	80mcg	2P PO Q4H PRN	03/12/2010	07/12/2010
Qvar	80mcg	2P PO BID	03/12/2010	07/12/2010

**Treatment Plan**

**Problem 1: Hallucinations - auditory**

**Goal:** Significant reduction and/or elimination of psychotic symptoms

**Target Date:** 05/11/2010

**Problem 2: Ideation includes harm to self and others**

**Goal:** Ideation will not be violent

**Target Date:** 09/01/2010

**Problem 3: Depression**

**Goal:** Alleviate depressive symptoms

**Target Date:** 05/11/2010

**Problem 4: Cognitive Deficits**

**Goal:** Improve ability to separate critical/obvious information from environment

**Target Date:** 05/11/2010

**Problem 5: Threats of harm to others**

**Goal:** Reduce/ minimize threat to self and others

**Target** 09/17/2009

**Resolved Date:** 09/17/2009

**Problem 6: Repeated and severe head injury**

**Goal:** monitor to reduce risk of further injury

**Target Date:** 04/30/2010

**Provider: Richard L. Thayer PhD**

RICHARDSON, JONATHAN [REDACTED] 301/4

STATE004222

**Document generated by: Larry J. Werbil, MHP 04/08/2010 3:18 PM**

**NAME: RICHARDSON, JONATHAN**

**NUMBER: 127630**

**D.O.B.: [REDACTED]**

**RICHARDSON, JONATHAN [REDACTED] 2 302/4**

**STATE004223**

DEPARTMENT OF CORRECTION

SITE: WVD

COMPLETED BY: Mary Sims, PhD 03/26/2010 12:55 PM

---

PATIENT: JONATHAN RICHARDSON  
IDOC#: 127630  
DATE OF BIRTH: [REDACTED]  
DATE: 03/26/2010 12:55 PM  
VISIT TYPE: Suicide Monitoring

---

Reason(s) for visit

1. head injury
2. danger of future injuries

Chronic Problems

Axis Description

Axis I Major Depression  
Axis I Posttraumatic stress disorder  
Axis II Antisocial personality disorder  
Axis III Epilepsy  
Axis III Asthma

Allergies

Description	Reaction
Penicillins	Rash
Ibuprofen	Rash

Allergy Comments: PCN  
Ibuprofen  
Fish

Progress Note

**Comments:** Pt seen following conference with physician, HSA, DON following his having received another head injury. Lately, he has been "falling" or having "seizures" or "asthma attacks" and injuring his head. At first it appeared to be from seizures and we treated it as such. Lately it has become apparent that they are not seizures and the frequency and severity is worsening. He used to self-injure severely and stopped doing that but he seems to have substituted falling out. He has injured his head needing stitches 3 times in the last week. We had a meeting last week between physician, nursing, HSA and mental health and it was

RICHARDSON, JONATHAN [REDACTED] 482/6

decided that we should try to get him to New Castle if it continued. I met with Mr. Richardson yesterday and we discussed the falling and self-injury and his guilt over the crime he said he did not commit, his history of trauma, his problems with people, his use of self-injury in the past to control his pain and other possible ways of handling stress. Apparently he got a letter from his sister disowning him because he asked her to put money on another offenders books. He denied it to IA but admitted it to this clinician that he was being extorted because of his crime. He moved to another cell house but then came the letter from his sister. Clinician, physician, HSA, DON had another meeting after today's head injury and it was decided that he should be on suicide watch until we could do something like get him to New Castle. We could think of no other way to monitor the danger. The fear is that the severity and frequency of the head injuries will continue to intensify and he could really do severe damage. Something that just "happens" every few days is hard to stop without the constant monitoring. He denies any intentionality in the "falling". Pt was told of the suicide watch and the reasoning and did not object.

#### **Mental Status**

Patient's appearance is. new stitches in head, another older set from earlier this week. both in forehead

Patient is oriented to person, place, time, situation.

Behavior is described as unremarkable.

Psychomotor behaviors are unremarkable.

Speech is appropriate.

Patient's affect is constricted.

Patient's mood is anxious.

Memory is intact.

Sensorium is clear consciousness.

Patient's intellect is average.

Attitude is cooperative.

Attention is gained, maintained.

Reasoning fair.

Impulse control is fair.

Judgment is fair.

Insight is fair.

Thought processes are logical.

Thought content is unremarkable.

The patient does not express suicidal ideation

The patient does not express homicidal ideation

Patient is not able to understand and can not agree to refrain from harmful action.

#### **Clinical Assessment**

##### **Axis I and Axis II:**

Axis I Post-traumatic Stress Disorder (309.81)

Axis I Major Depression, Recurrent, Moderate (296.32)

Axis II Antisocial Personality Disorder (301.7)

Axis II Schizoid Personality Disorder (301.20)

##### **Axis III (module):**

RICHARDSON, JONATHAN [REDACTED] 483/6

STATE004404

Asthma.

**Axis III (reported by patient):**

Asthma, Heartburn, Seizure disorder, and finger loss d/t self-injury.

**Axis IV: Severe**

Problems related to: , housing, legal system/crime.

Comments: Mother died 2 weeks before 6/4/08; He was told 6/4/08.

**Axis V:**

Current GAF: 48 on 03/26/2010.

**Medications new, active or stopped this visit:**

Brand Name	Dose	Sig Codes	Start Date	Stop Date
Tylenol	325mg	AS DIRECTED	03/23/2010	03/31/2010
Tegretol	200mg	1TAB PO BID	03/16/2010	09/16/2010
Albuterol Sulfate	2.5mg/3ml	BID Pm	03/12/2010	07/12/2010
Albuterol	90mcg	2p PO Q 3-4hrs	03/12/2010	07/12/2010
Qvar	80mcg	2P PO Q4H PRN	03/12/2010	07/12/2010
Qvar	80mcg	2P PO BID	03/12/2010	07/12/2010
Trihexyphenidyl Hcl	2mg	1TAB (CRUSHED) PO BID		03/03/2010
09/03/2010				
Fluphenazine Decanoate	25mg/ml	1.5ML (37.5MG) IM Q2WK		03/03/2010
09/03/2010				
Benadryl	50mg/ml	1ML (50MG) IM Q2WK	03/13/2010	06/11/2010

**Suicide Observation**

**Date placed** 03/26/2010

**Time placed** 11:55 am

**Assessment** Behavioral health suicide observation

**Orders/Plan**

**Specific Plan Instructions**

Begin suicide watch

**Office Procedures/Services**

Treatment plan updated

Custody notified of suicide observation changes

**Instructions/Education**

Continue suicide observation by nursing staff and change level to Begin full suicide watch (03/26/2010 11:55 am)

Allow bedding items suicide blanket and mattress

Allow clothing items boxers

Allow meal items sack

Allow personal items strip cell

**Referrals**

RICHARDSON, JONATHAN [REDACTED] 484/6

STATE004405

<u>Reason</u>	<u>Timeframe</u>
Refer to behavioral health clinician for follow-up	
Continue suicide observation by nursing staff	